

## **PAYROLL PROCEDURES MANUAL**

### **SECTION Z - INDEX -- H**

(Revised 01/08)

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H-2 INDEX	Garnishment Documentation – STD. 639 and PPSD 638 Examples
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Betty T. Yee  
California State Controller

THE ATTACHED WARRANT NO. \_\_\_\_\_ REPRESENTS  
PURSUANT TO ONE OF THE FOLLOWING: THE WRIT OF EXECUTION, NOTICE  
OF TAX LEVY, VOLUNTARY SUPPORT DEDUCTION OR COURT ORDER FOR  
ASSIGNMENT OF WAGES IDENTIFIED BELOW. IN COMPUTING THE AMOUNT  
PAYABLE, DEDUCTIONS HAVE BEEN MADE IN ACCORDANCE WITH THE  
APPLICABLE LAW FROM THE AMOUNT OWING AND UNPAID BY THE STATE TO  
THE EMPLOYEE.

EMPLOYEE'S SOCIAL SECURITY ACCOUNT NUMBER:  
PAY PERIOD:

EMPLOYEE'S NAME:  
PAYROLL WARRANT NO:

DEPARTMENT NAME:  
AGENCY/UNIT CODE:

DATE COURT ORDER, WRIT OR LEVY RECEIVED BY EMPLOYING AGENCY:

WARRANT PAYABLE TO:	ISSUE DATE:
CASE NUMBER:	AMOUNT:
BILLING NO: _____	

• PAYEE ADDRESS:

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• PLAINTIFF OR PETITIONER:

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• TITLE OF ACTION:

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ATTEN: DEPARTMENT PERSONNEL

IMPORTANT: If the employee's payroll warrant (see above for  
warrant No.) is/was returned to Division of Disbursements for any  
reason, the attached warrant must also be returned immediately.

• To be entered by department before transmitting to the payee

CD 155 (9/93) TRANSMITTAL OF CONTROLLER'S WARRANT

—AGENCY COPY—

GARNISHMENT DOCUMENTATION EXAMPLES  
INDEX

(FORM STD. 639 (Rev. 04/2005) AND PPSD 638 (Rev. 10/2006))

- Ordered Assignment of Wages ..... (Example 1)  
  
Filed under FC 5200 et seq. received in the office on 09/05/98. Monthly deduction amount of \$500.00 to be taken. ....
- Modification to Court Ordered Assignment of Wages, with Arrears Support Also Due ..... (Example 2)  
  
Filed under FC 5200 et seq. received in the office on 11/11/98. In addition to the \$500.00 monthly deduction, employee now has an arrears of \$2,000.00 to be taken at \$250.00 per month.
- Court Ordered Assignment of Wages, with Arrears Support Also Due ..... (Example 3)  
  
Filed under FC 5200 et seq. received in the office on 09/15/98. Monthly deduction amount of \$400.00 to be taken. Additionally, employee owes arrears of \$1,800 with \$200.00 to be taken per month.
- Modification to Court Ordered Assignment of Wages, Increased Monthly Deduction..... (Example 4)  
  
Received in the office on 11/02/98. Monthly deduction of \$400.00 has been increased to \$700.00. The arrears are now showing a zero amount due.
- Cancel Arrears Support..... (Example 4.1)
- Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.) 10% of Disposable to be Taken Each Month Until Total Amount Has Been Withheld ..... (Example 5)  
  
Total owed is \$5,000.00. Disposable earnings for this employee is \$2,419.73 per month.
- FTB Child Support Collection Program..... (Example 6)  
  
Received in the office on 09/19/98. Amount owed is \$11,250.00.
- Earnings Withholding Order ..... (Example 7)  
  
Filed under CCP 706.125 received in the office on 10/19/98. Total amount owed is \$3,645.00.

- Modification to Earnings Withholding Order ..... (Example 8)

Received in the office on 10/26/98. Modifying the order to show a specific amount per month of \$150.00. 25% of disposable earnings, \$474.39 was taken from the 10/98 Master Pay. Accounting split the garnishment warrant. \$150.00 was sent to the payee and the remaining \$342.39 was refunded to the employee.

- STD. 674 Returning Pay for Garnishment to be Withheld..... (Example 9)

- Court ordered Assignment of Wages..... (Example 10)

File under FC 5200 et seq. received in the office on 12/29/2006. Monthly deduction amount of \$500.00 to be taken.

- Court ordered Assignment of Wages with Arrears child support also due (Example 11)

Filed under FC 5200 et seq. received in the office on 01/23/2007. Monthly deduction amount of \$350.00 to be taken. In addition, the employee now has an arrears of \$99,999.99 to be taken as a percentage amount. The \$99,999.99 was established because the court order did not have a total amount for the arrears.

- Earnings Withholding Order for Child or Family Support..... (Example 12)

Filed under CCP Section 706.030 received in the office on 12/13/2006. Total arrears amount of \$10,000 with \$200.00 to be taken monthly.

- Modification to Court ordered Assignment of Wages, decrease monthly deduction amount..... (Example 13)

Received in office on 12/29/2006. Monthly deduction amount decreased from \$500.00 to \$300.00 per month.

- Cancel Earnings Withholding order for Child or Family Support..... (Example 14)

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE  
**SALARY GARNISHMENT**  
STD. 639 (REV. 4/2005)Reference Payroll Procedures  
Manual Section H 300NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT.  
IF FAXED, FAX ONLY ONCE AND DO NOT SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME <b>COMPLETE</b>			4. POSITION NUMBER (Agency) (Unit) (Class) (Serial) <b>COMPLETE</b>		
2. SOCIAL SECURITY NUMBER		3. NAME (F.I.) (M.I.) (LAST) <b>COMPLETE</b>			
5. EFFECTIVE DATE <b>09/15/01</b>		6. ACTION TYPE <input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE			
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY					
8. GARNISHMENT TYPE (038) A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ <b>500.00</b> (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A) \$ <b>500.00</b> (Deduction Amount per Pay Period)					
B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271) <input type="checkbox"/>					9. TOTAL GARNISHMENT AMOUNT \$
C. (339/003) CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8) (1) NUMBER OF DEPENDENTS (Must be at least one for employee) <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE					\$
D. (339/004) EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280) <input type="checkbox"/>					\$
E. (339/007) EARNINGS WITHHOLDING ORDER (CCP 706.125): <input type="checkbox"/>					\$
F. (339/008) Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.) <input type="checkbox"/>					\$
10. SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. <input type="checkbox"/>					\$
11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.)					
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D)					
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) \$					
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$					
D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) \$					
12. WARRANT TO BE MADE PAYABLE TO Must be completed Levying Officer File Number / Case Number Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number. <b>COMPLETE</b>					
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088) <b>COMPLETE</b> <b>COMPLETE</b> <b>COMPLETE</b> <b>COMPLETE</b>					
13. REMARKS					
14. FORM COMPLETED BY <b>COMPLETE</b>		TELEPHONE NUMBER AND EXTENSION <b>COMPLETE</b>		15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE <b>COMPLETE</b> DATE <b>COMPLETE</b> TYPED NAME	



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<b>1. AGENCY NAME</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div>		<b>4. POSITION NUMBER</b> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"><span>(Agency)</span><span>(Unit)</span><span>(Class)</span><span>(Serial)</span></div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div>	
<b>2. SOCIAL SECURITY NUMBER</b>	<b>3. NAME</b> (F.I.) (M.I.) (LAST) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div>		
<b>5. EFFECTIVE DATE</b> 11/21/01	<b>6. ACTION TYPE</b> <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE		
<b>7. PAY FREQUENCY</b> <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			
<b>8. GARNISHMENT TYPE (038)</b> A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ _____ (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ (Must be completed if changing 8A) \$ _____ (Deduction Amount per Pay Period)		9. TOTAL GARNISHMENT AMOUNT	
B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271) <input checked="" type="checkbox"/>			
C. (339/003) <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)		(1) NUMBER OF DEPENDENTS (Must be at least one for employee) <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE	
D. (339/004) EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)		\$ 2,000.00	
E. (339/007) EARNINGS WITHHOLDING ORDER (CCP 706.125): <input type="checkbox"/>		\$	
F. (339/008) Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.) <input type="checkbox"/>		\$	
<b>10. SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.</b> <input type="checkbox"/>		\$	
<b>11. COMPLETE ONLY IF COURT SPECIFICALLY STATES</b> (May only be completed with 8B, 8C, 8D, 8E, and 8F.)			
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D)			
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) \$			
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$			
D. <input checked="" type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) \$ 250.00			
<b>12. WARRANT TO BE MADE PAYABLE TO</b> <div style="display: flex; align-items: flex-start;"><div style="flex: 1; font-size: 0.8em; margin-right: 10px;">Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.</div><div style="border: 1px solid black; padding: 5px; flex: 3;"><div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div><div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div><div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div><div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div></div></div>			
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<b>14. FORM COMPLETED BY</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div>		<b>15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660</b> TELEPHONE NUMBER AND EXTENSION <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div> <div style="display: flex; justify-content: space-between; align-items: center;"><div>AUTHORIZED SIGNATURE </div><div>DATE <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div></div></div> <div>TYPED NAME <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div></div>	

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7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			
8. GARNISHMENT TYPE (038) A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ <b>400.00</b> (Monthly Amount) \$ <b>400.00</b> (Deduction Amount per Pay Period) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A)			
B. (339/002) <input checked="" type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)		9. TOTAL GARNISHMENT AMOUNT <b>\$ 1,800.00</b>	
C. (339/003) <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)	(1) NUMBER OF DEPENDENTS (Must be at least one for employee) <input type="checkbox"/>	(2) STANDARD DEDUCTIONS 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE <input type="checkbox"/>	\$
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F. (339/008) <input type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.)		\$	
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B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.)		\$	
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT		\$	
D. <input checked="" type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.)		\$ <b>200.00</b>	
12. WARRANT TO BE MADE PAYABLE TO			
Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.		Must be completed    Levying Officer File Number / Case Number <b>COMPLETE</b>	
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)		<b>COMPLETE</b>	
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7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			
8. GARNISHMENT TYPE (038) A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ <b>700.00</b> (Monthly Amount) \$ (Deduction Amount per Pay Period)		B. <input checked="" type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ <b>400.00</b> (Must be completed if changing 8A)	
B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)		9. TOTAL GARNISHMENT AMOUNT \$	
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8. GARNISHMENT TYPE (038) A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A) \$ (Deduction Amount per Pay Period)			
B. (339/002) <input checked="" type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)		9. TOTAL GARNISHMENT AMOUNT \$ <b>1,800.00</b>	
C. (339/003) <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)	(1) NUMBER OF DEPENDENTS (Must be at least one for employee) <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY	(2) STANDARD DEDUCTIONS <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE	\$
D. (339/004) EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)		\$	
E. (339/007) EARNINGS WITHHOLDING ORDER (CCP 706.125):		\$	
F. (339/008) Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.)		\$	
10. SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.		\$	
11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.)			
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D)			
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.)		\$	
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT		\$	
D. <input checked="" type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.)		\$ <b>200.00</b>	
12. WARRANT TO BE MADE PAYABLE TO			
Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.		Must be completed Levying Officer File Number / Case Number <b>COMPLETE</b>	
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)		<b>COMPLETE</b>	
		<b>COMPLETE</b>	
		<b>COMPLETE</b>	
		<b>COMPLETE</b>	
13. REMARKS			
14. FORM COMPLETED BY <b>COMPLETE</b>		TELEPHONE NUMBER AND EXTENSION <b>COMPLETE</b>	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE <b>COMPLETE</b> DATE <b>COMPLETE</b> TYPED NAME

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE  
**SALARY GARNISHMENT**  
STD. 639 (REV. 4/2005)Reference Payroll Procedures  
Manual Section H 300NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT.  
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DOCUMENT NUMBER

<b>1. AGENCY NAME</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div>		<b>4. POSITION NUMBER</b> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"><span>(Agency)</span><span>(Unit)</span><span>(Class)</span><span>(Serial)</span></div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div>	
<b>2. SOCIAL SECURITY NUMBER</b>	<b>3. NAME</b> (F.I.) (M.I.) (LAST) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div>		
<b>5. EFFECTIVE DATE</b> 11/02/01	<b>6. ACTION TYPE</b> <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE		
<b>7. PAY FREQUENCY</b> <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			
<b>8. GARNISHMENT TYPE (038)</b> A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ _____ (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ \$ _____ (Deduction Amount per Pay Period)    (Must be completed if changing 8A)		9. TOTAL GARNISHMENT AMOUNT	
B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271) <input type="checkbox"/> \$ _____			
C. (339/003) <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8) (1) NUMBER OF DEPENDENTS (Must be at least one for employee) _____ (2) STANDARD DEDUCTIONS <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE			
D. (339/004) EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280) <input type="checkbox"/> \$ _____			
E. (339/007) EARNINGS WITHHOLDING ORDER (CCP 706.125): <input type="checkbox"/> \$ _____			
F. (339/008) <input checked="" type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.) <input type="checkbox"/> \$ <b>5,000.00</b>			
<b>10.</b> <input type="checkbox"/> SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. <input type="checkbox"/> \$ _____			
<b>11. COMPLETE ONLY IF COURT SPECIFICALLY STATES</b> (May only be completed with 8B, 8C, 8D, 8E, and 8F.)			
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) _____		12. WARRANT TO BE MADE PAYABLE TO	
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) \$ _____			
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$ _____			
D. <input checked="" type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) \$ <b>241.97</b>			
<b>12. WARRANT TO BE MADE PAYABLE TO</b> Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number. <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">COMPLETE</div>		Must be completed    Levying Officer File Number / Case Number	
<b>INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY.</b> (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">COMPLETE</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">COMPLETE</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">COMPLETE</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">COMPLETE</div>			
<b>13. REMARKS</b>			
<b>14. FORM COMPLETED BY</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div>		<b>TELEPHONE NUMBER AND EXTENSION</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div>	
		<b>15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660</b>	
		AUTHORIZED SIGNATURE    DATE <div style="display: flex; justify-content: space-between;"><div style="text-align: center;"> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div></div><div style="text-align: center;"><div style="text-align: center; font-size: 1.2em; font-weight: bold;">COMPLETE</div></div></div>	
		TYPED NAME	



STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE  
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DOCUMENT NUMBER

1. AGENCY NAME <b>COMPLETE</b>		4. POSITION NUMBER (Agency) (Unit) (Class) (Serial) <b>COMPLETE</b>	
2. SOCIAL SECURITY NUMBER	3. NAME (F.I.) (M.I.) (LAST) <b>COMPLETE</b>		
5. EFFECTIVE DATE <b>09/29/01</b>	6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE		
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			
8. GARNISHMENT TYPE (038) A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ _____ (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ \$ _____ (Deduction Amount per Pay Period)    (Must be completed if changing 8A)			
B. (339/002) <input checked="" type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including <b>FTB</b> Child Support Collection Program, Revenue & Taxation Code 19271)			
C. (339/003) <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)		9. TOTAL GARNISHMENT AMOUNT <b>\$ 11,250.00</b>	
(1) NUMBER OF DEPENDENTS (Must be at least one for employee) <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE			
D. (339/004) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); <b>FTB</b> REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); <b>FTB</b> STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); <b>FTB</b> COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)			
E. (339/007) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125):			
F. (339/008) <input type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.)			
10. <input type="checkbox"/> SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.			
11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.)			
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D)			
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) \$ _____			
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$ _____			
D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) \$ _____			
12. WARRANT TO BE MADE PAYABLE TO			
Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.		Must be completed    Levying Officer File Number / Case Number <b>COMPLETE</b>	
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)		<b>COMPLETE</b>	
		<b>COMPLETE</b>	
		<b>COMPLETE</b>	
		<b>COMPLETE</b>	
13. REMARKS			
14. FORM COMPLETED BY <b>COMPLETE</b>		TELEPHONE NUMBER AND EXTENSION <b>COMPLETE</b>	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE    DATE <b>COMPLETE</b> <b>COMPLETE</b> TYPED NAME

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE  
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DOCUMENT NUMBER

1. AGENCY NAME <b>COMPLETE</b>		4. POSITION NUMBER (Agency) (Unit) (Class) (Serial) <b>COMPLETE</b>	
2. SOCIAL SECURITY NUMBER	3. NAME (F.I.) (M.I.) (LAST) <b>COMPLETE</b>		
5. EFFECTIVE DATE <b>10/29/01</b>	6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE		
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			
8. GARNISHMENT TYPE (038) A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A) \$ (Deduction Amount per Pay Period)			
B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271) <input type="checkbox"/>		9. TOTAL GARNISHMENT AMOUNT \$	
C. (339/003) CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8) <input type="checkbox"/>	(1) NUMBER OF DEPENDENTS (Must be at least one for employee) <input type="checkbox"/>	(2) STANDARD DEDUCTIONS 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE <input type="checkbox"/>	\$
D. (339/004) EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280) <input type="checkbox"/>		\$	
E. (339/007) <input checked="" type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125):		\$ <b>3,645.00</b>	
F. (339/008) <input type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.)		\$	
10. <input type="checkbox"/> SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.		\$	
11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.)			
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D)			
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.)		\$	
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT		\$	
D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.)		\$	
12. WARRANT TO BE MADE PAYABLE TO			
Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.		Must be completed Levying Officer File Number / Case Number <b>COMPLETE</b>	
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)		<b>COMPLETE</b>	
		<b>COMPLETE</b>	
		<b>COMPLETE</b>	
		<b>COMPLETE</b>	
13. REMARKS			
14. FORM COMPLETED BY <b>COMPLETE</b>		TELEPHONE NUMBER AND EXTENSION <b>COMPLETE</b>	
		15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE <b>COMPLETE</b> DATE <b>COMPLETE</b> TYPED NAME	



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DOCUMENT NUMBER

<b>1. AGENCY NAME</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div>		<b>4. POSITION NUMBER</b> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"><span>(Agency)</span><span>(Unit)</span><span>(Class)</span><span>(Serial)</span></div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div>	
<b>2. SOCIAL SECURITY NUMBER</b>	<b>3. NAME (F.I.) (M.I.) (LAST)</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div>		
<b>5. EFFECTIVE DATE</b> 10/29/01	<b>6. ACTION TYPE</b> <div style="display: flex; align-items: center;"><input type="checkbox"/> NEW <input checked="" type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <b>8E &amp; 11D</b> <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE</div>		
<b>7. PAY FREQUENCY</b> <div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY</div>			
<b>8. GARNISHMENT TYPE (038)</b> A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ _____ (Monthly Amount) \$ _____ (Deduction Amount per Pay Period)		<input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ (Must be completed if changing 8A)	
<b>B. (339/002)</b> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including <b>FTB</b> Child Support Collection Program, Revenue & Taxation Code 19271) <input type="checkbox"/>		\$	
<b>C. (339/003)</b> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8) <input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"><div>(1) NUMBER OF DEPENDENTS (Must be at least one for employee) <input type="checkbox"/></div><div>(2) STANDARD DEDUCTIONS <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY</div><div><input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE</div></div></div></div>		\$
<b>D. (339/004)</b> EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); <b>FTB</b> REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); <b>FTB</b> STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); <b>FTB</b> COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280) <input type="checkbox"/>		\$	
<b>E. (339/007)</b> <input checked="" type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125):		\$ <b>3,969.39</b>	
<b>F. (339/008)</b> <input type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.)		\$	
<b>10.</b> <input type="checkbox"/> SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.		\$	
<b>11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.)</b>			
<b>A</b> <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) _____			
<b>B</b> <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) \$ _____			
<b>C</b> <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$ _____			
<b>D</b> <input checked="" type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) \$ <b>150.00</b>			
<b>12. WARRANT TO BE MADE PAYABLE TO</b>			
Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.		Must be completed Levying Officer File Number / Case Number	
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)		COMPLETE	
		COMPLETE	
		COMPLETE	
		COMPLETE	
<b>13. REMARKS</b>			
<b>14. FORM COMPLETED BY</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div>		<b>TELEPHONE NUMBER AND EXTENSION</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div>	
		<b>15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660</b>	
		<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> AUTHORIZED SIGNATURE <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div></div><div>DATE <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div></div></div> <div style="font-size: 0.8em;">TYPED NAME</div>	

## PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 5-98)

DOCUMENT NO. \_\_\_\_\_

<b>(1) TO: STATE CONTROLLER'S OFFICE:</b>  — DISBURSEMENTS AND SUPPORT — PPSD/PAYROLL OPERATIONS  <b>PPSD UNIT DESTINATION:</b>  <input type="checkbox"/> PAYROLL <input type="checkbox"/> GARNISHMENTS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> W-2/Non USPS <input type="checkbox"/> BENEFIT DEDUCTIONS <input type="checkbox"/> MISC DEDUCTIONS	<b>(2) SOCIAL SECURITY NUMBER</b>	<b>(3) NAME</b>	<b>(4) POSITION NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:15%;">AGENCY</td><td style="width:15%;">UNIT</td><td style="width:15%;">CLASS</td><td style="width:15%;">SERIAL</td></tr><tr><td>1</td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td></tr></table>				AGENCY	UNIT	CLASS	SERIAL	1				2			
	AGENCY	UNIT	CLASS	SERIAL														
	1																	
2																		
<b>(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:</b>  <input type="checkbox"/> PAYMENT REQUEST  <input type="checkbox"/> RETURN WARRANT ONLY  <b>ADJUSTMENT REQUEST</b>  <input type="checkbox"/> SALARY <input type="checkbox"/> TIME  <input type="checkbox"/> TRANSFER OF FUNDS		<b>PAY FREQUENCY</b> <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI MONTHLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> INTERMITTENT  <b>REMARKS:</b>  <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>																
		<b>DATES/HOURS ON DOCK:</b>																

(6)	P O S I T I O N	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY FULL	TIME WORKED			APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
		MO.	DY.	YR.	T.	MO.	YR.			STD	DYS.	HOURS													
A.																									
PAYMENT PER SCO WARRANT REGISTER																									
B.																									
PAYMENT SHOULD BE																									
C.																									
OVERPMT																									
UNDERPMT																									

<b>(7) FORM COMPLETED BY:</b>  ▶ ( )  (AGENCY NAME)	<b>TELEPHONE NUMBER AND EXTENSION</b>  ( )	<b>I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES.</b> <div style="text-align: right; font-size: small;">Payroll information correct in accordance with BC Rule 660</div> _____ AUTHORIZED SIGNATURE  ▶ _____ DATE
<b>FROM:</b>		

Reference Payroll Procedures  
Manual Section H 300

NOTE: Submit original to the State Controller’s Garnishment Unit.  
Submit original, one copy, and court order.

DOCUMENT NUMBER

1. AGENCY NAME <b>COMPLETE</b>		4. POSITION NUMBER (Agency) (Unit) (Class) (Serial) <b>COMPLETE COMPLETE COMPLETE COMPLETE</b>			
2. SOCIAL SECURITY NUMBER <b>COMPLETE</b>	3. NAME (F.I) (M.I.) (LAST) <b>COMPLETE</b>				
5. EFFECTIVE DATE <b>01/08/07</b>	6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE				
7. PAY FREQUENCY MONTHLY <input checked="" type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/>					
8. CHILD SUPPORT GARNISHMENT AMOUNT (038) A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ <b>500.00</b> (MONTHLY AMOUNT) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A) \$ <b>500.00</b> (DEDUCTION AMOUNT PER PAY PERIOD)					
B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) <input type="checkbox"/> (including <b>FTB</b> Child Support Collection Program, Revenue & Taxation Code 19271)					9. TOTAL ARREARAGES \$

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY	
EMPLOYEE ADDRESS	C O M P L E T E
EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY)	X X X X X X X X

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B.)	
A	<input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER
B	<input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$
C	<input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$
D	<input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH \$
12. ENTER CASE NUMBER	Must be completed Case Number C O M P L E T E
PAYEE NAME	C O M P L E T E
	C / O S D U
	P O B O X 9 8 9 0 6 7
	W E S T S A C R A M E N T O C A 9 5 7 9 8

13. REMARKS		
14. FORM COMPLETED BY <b>COMPLETE</b>	TELEPHONE AND EXTENSION <b>COMPLETE</b>	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE DATE <b>COMPLETE</b> TYPED NAME <b>COMPLETE</b>

Reference Payroll Procedures  
Manual Section H 300

NOTE: Submit original to the State Controller’s Garnishment Unit.  
Submit original, one copy, and court order.

DOCUMENT NUMBER

1. AGENCY NAME <b>COMPLETE</b>		4. POSITION NUMBER (Agency) (Unit) (Class) (Serial) <b>COMPLETE COMPLETE COMPLETE COMPLETE</b>			
2. SOCIAL SECURITY NUMBER <b>COMPLETE</b>	3. NAME (F.I) (M.I.) (LAST) <b>COMPLETE</b>				
5. EFFECTIVE DATE <b>02/02/07</b>	6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE				
7. PAY FREQUENCY MONTHLY <input checked="" type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/>					
8. CHILD SUPPORT GARNISHMENT AMOUNT (038) A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ <b>350.00</b> (MONTHLY AMOUNT) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A) \$ <b>350.00</b> (DEDUCTION AMOUNT PER PAY PERIOD)					
B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) <input checked="" type="checkbox"/> (including <b>FTB</b> Child Support Collection Program, Revenue & Taxation Code 19271)					9. TOTAL ARREARAGES <b>\$ 99,999.99</b>

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS	C O M P L E T E
EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY)	X X X X X X X X

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B.)

A	TERMINATION DATE OF EARNINGS WITHHOLDING ORDER
B	MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$
C	SUPPORT EXEMPTION AMOUNT \$
D	SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH \$ <b>\$150.00</b> (If 99 – completed 11B or D must be completed).

12. ENTER CASE NUMBER

Must be completed Case Number

PAYEE NAME	C O M P L E T E
	C / O S D U
	P O B O X 9 8 9 0 6 7
	W E S T S A C R A M E N T O C A 9 5 7 9 8

13. REMARKS

14. FORM COMPLETED BY <b>COMPLETE</b>	TELEPHONE AND EXTENSION <b>COMPLETE</b>	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE DATE <b>COMPLETE</b> <b>COMPLETE</b> TYPED NAME <b>COMPLETE</b>
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**SALARY GARNISHMENT  
CHILD SUPPORT/FAMILY SUPPORT**  
(New 10/06 PPSD 638)

Reference Payroll Procedures  
Manual Section H 300

**NOTE: Submit original to the State Controller’s Garnishment Unit.  
Submit original, one copy, and court order.**

DOCUMENT NUMBER

1. AGENCY NAME <b>COMPLETE</b>		4. POSITION NUMBER (Agency) (Unit) (Class) (Serial) <b>COMPLETE COMPLETE COMPLETE COMPLETE</b>			
2. SOCIAL SECURITY NUMBER <b>COMPLETE</b>	3. NAME (F.I) (M.I.) (LAST) <b>COMPLETE</b>				
5. EFFECTIVE DATE <b>12/23/06</b>	6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE				
7. PAY FREQUENCY MONTHLY <input checked="" type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/>					
8. CHILD SUPPORT GARNISHMENT AMOUNT (038)					
A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ (MONTHLY AMOUNT) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A) \$ (DEDUCTION AMOUNT PER PAY PERIOD)					
B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) <input checked="" type="checkbox"/> (including <b>FTB</b> Child Support Collection Program, Revenue & Taxation Code 19271)					9. TOTAL ARREARAGES <b>\$ 10,000.00</b>

**10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY**

EMPLOYEE ADDRESS	<b>C O M P L E T E</b>
EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY)	<b>X X X X X X X X</b>

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B.)

A	<input type="checkbox"/>	TERMINATION DATE OF EARNINGS WITHHOLDING ORDER
B	<input type="checkbox"/>	MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$
C	<input type="checkbox"/>	SUPPORT EXEMPTION AMOUNT \$
D	<input checked="" type="checkbox"/>	SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH <b>\$ 200.00</b>

12. ENTER CASE NUMBER

Must be completed Case Number

PAYEE NAME	<b>C O M P L E T E</b>
	<b>C / O S D U</b>
	<b>P O B O X 9 8 9 0 6 7</b>
	<b>W E S T S A C R A M E N T O C A 9 5 7 9 8</b>

13. REMARKS

14. FORM COMPLETED BY <b>COMPLETE</b>	TELEPHONE AND EXTENSION <b>COMPLETE</b>	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE DATE <b>COMPLETE</b> <b>COMPLETE</b> TYPED NAME <b>COMPLETE</b>
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Reference Payroll Procedures  
Manual Section H 300

NOTE: Submit original to the State Controller’s Garnishment Unit.  
Submit original, one copy, and court order.

DOCUMENT NUMBER

1. AGENCY NAME <b>COMPLETE</b>		4. POSITION NUMBER (Agency) (Unit) (Class) (Serial)				
2. SOCIAL SECURITY NUMBER <b>COMPLETE</b>	3. NAME (F.I) (M.I.) (LAST) <b>COMPLETE</b>		<b>COMPLETE</b>	<b>COMPLETE</b>	<b>COMPLETE</b>	<b>COMPLETE</b>
5. EFFECTIVE DATE <b>12/29/06</b>	6. ACTION TYPE <input type="checkbox"/> NEW <input checked="" type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <b>8A</b>		<input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____			
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY						


8. CHILD SUPPORT GARNISHMENT AMOUNT (038)

A. ☒ COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

\$ **300.00** (MONTHLY AMOUNT) ☒ DEDUCTION AMOUNT  
CHANGED FROM \$ **500.00**  
\$ \_\_\_\_\_ (DEDUCTION AMOUNT PER PAY PERIOD) (Must be completed if changing 8A)

B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) 9. TOTAL ARREARAGES  
☐ (including **FTB** Child Support Collection Program, Revenue & Taxation Code 19271) \$ \_\_\_\_\_

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS  C O M P L E T E

EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY) X X X X X X X X


11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES (May only be completed with 8B.)


A ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER \_\_\_\_\_

B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$ \_\_\_\_\_


C ☐ SUPPORT EXEMPTION AMOUNT \$ \_\_\_\_\_

D ☒ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH \$ \_\_\_\_\_

12. ENTER CASE NUMBER  Must be completed Case Number  
C O M P L E T E

PAYEE NAME  C / O S D U  
P O B O X 9 8 9 0 6 7  
W E S T S A C R A M E N T O C A 9 5 7 9 8

13. REMARKS

14. FORM COMPLETED BY <b>COMPLETE</b>	TELEPHONE AND EXTENSION <b>COMPLETE</b>	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATURE DATE <b>COMPLETE</b>  <b>COMPLETE</b>
		TYPED NAME <b>COMPLETE</b>

Reference Payroll Procedures  
Manual Section H 300

NOTE: Submit original to the State Controller’s Garnishment Unit.  
Submit original, one copy, and court order.

DOCUMENT NUMBER

1. AGENCY NAME <b>COMPLETE</b>		4. POSITION NUMBER (Agency) (Unit) (Class) (Serial)				
2. SOCIAL SECURITY NUMBER <b>COMPLETE</b>	3. NAME (F.I) (M.I.) (LAST) <b>COMPLETE</b>		<b>COMPLETE</b>	<b>COMPLETE</b>	<b>COMPLETE</b>	<b>COMPLETE</b>
5. EFFECTIVE DATE <b>02/13/07</b>	6. ACTION TYPE		CANCELLATION OF GARNISHMENT			
	<input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input checked="" type="checkbox"/>		ORIGINAL EFFECTIVE DATE <b>12/23/06</b>			
7. PAY FREQUENCY MONTHLY <input checked="" type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/>						

8. CHILD SUPPORT GARNISHMENT AMOUNT (038)


A. ☐ COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

\$ (MONTHLY AMOUNT) ☐ DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A)

\$ (DEDUCTION AMOUNT PER PAY PERIOD)

B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) <input checked="" type="checkbox"/> (including <b>FTB</b> Child Support Collection Program, Revenue & Taxation Code 19271)	9. TOTAL ARREARAGES <b>\$ 10,000.00</b>
--	--

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS  C O M P L E T E

EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY) X X X X X X X X


11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B.)


A. ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER

B. ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$


C. ☐ SUPPORT EXEMPTION AMOUNT \$

D. ☒ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH **\$ 200.00**

12. ENTER CASE NUMBER  Must be completed Case Number C O M P L E T E

PAYEE NAME  C / O S D U P O B O X 9 8 9 0 6 7 W E S T S A C R A M E N T O C A 9 5 7 9 8

13. REMARKS

14. FORM COMPLETED BY <b>COMPLETE</b>	TELEPHONE AND EXTENSION <b>COMPLETE</b>	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATURE DATE <b>COMPLETE</b>
		 <b>COMPLETE</b>
		TYPED NAME <b>COMPLETE</b>

TO:

DATE:

FROM: PAYROLL OFFICER  
Payroll Office III

RE: UNDELIVERABLE U.S. SAVINGS BOND(S)

U.S. Savings Bond(s) were returned to our office by the U.S. Post Office as undeliverable. Specific information on the savings bond(s) follow:

Employee's name:  
Social Security Number:  
Date of Bond(s):  
Address on Bond(s):

( ) Active Bond Account:

Please complete the enclosed Form STD 242. If you have more than one bond account, a separate Form STD 242 must be completed for each account.

( ) Canceled Bond Account:

I authorize the State Controller's Office to send my savings bond(s) to the following address:

Social Security Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

( ) FINAL NOTIFICATION

This is the final attempt to secure a valid address to deliver this bond. The bond account will be canceled if a response not received by

Return this notice or Form STD 242 to State Controller's office, PPSD Bond Unit, P.O. Box 942850, Sacramento, Ca 94250-5878. If a reply to this notice is not received, the bond(s) will be transferred to the State Controller's Office, Division of Unclaimed Property. If you have any questions, please contact my staff at (916) 324-7295 or (Calnet) 454-7295.

DD:cn  
PR358 (10/97)



DATE:

TO: Federal Reserve Bank of Minneapolis  
Savings Bond Division  
P.O. Box 67  
Minneapolis, MN 55480-0067

FROM: PAYROLL OFFICER  
Payroll Office III

RE: RETURN OF U.S. SAVINGS BOND(S)

The attached U.S. Savings Bond(s) is/are being returned for the following reasons:

☐ The employee is not entitled to the bond(s) as no payroll deduction was withheld. Please forward remittance and a copy of the PD1522 (attached) to:

State Controller's Office  
Departmental Accounting  
P.O. Box 942850  
Sacramento, CA 94250-5878

☐ Incorrect inscription is printed on the bond. Inscription should read:

Please forward replacement bond to:

☐ Bond was damaged in transit. Inscription is:

☐ Other:

Your help in this matter is greatly appreciated. If you have any questions or need additional information, please contact \_\_\_\_\_ of my staff at (916) 324-7295.

cc: Ana Struve, Departmental Accounting

Attachment

STATE OF CALIFORNIA - PAYROLL SYSTEM  
DETAIL TRANSACTION REPORT  
FOR  
KEY/MASTER VARIABLE MAINTENANCE  
BATCH LOAD PROCESS

AGENCY: DEPARTMENT XYZ

08/85

EMPLOYEE SSN	EMPLOYEE NAME	AGNCY	POSITION REPORTING UNIT	NUMBER CLASS CODE	SERIAL NUMBER	DEDUCTION TYPE	PAY PERIOD MONTH	YEAR
123-45-6789	I M EXAMPLE	999	001	1111	001	0	08	85
234-56-7890	I M EXAMPLE	999	001	1111	002	0	08	85
345-67-8901	I M EXAMPLE	999	001	2222	002	0	08	85

**PARKING ADJUSTMENT NOTICE**

The State Controller is hereby authorized to refund the parking payroll deduction for the below named employee.

(PRINT OR TYPE BELOW)

<b>EMPLOYEE IDENTIFICATION</b>		
Social Security Number	Initials	Last Name

<b>REFUND INFORMATION</b>			
Deduction Code	Organization Code	Deduction Amount	Pay Period Month      Year
360			/
360			/
360			/
360			/
360			/

<b>FORM COMPLETION INFORMATION</b>		
Completed By	Phone Number	Company/Department Name
	(      )	

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED COMPANY OR DEPARTMENT OFFICIAL

**ATTACHMENT (Revised 03/02)****ATTACHMENT H-7  
FORM PPSD 360 COMPLETION INSTRUCTIONS**

The Form PPSD 360 must be completed (typed or hand written in legible form) as outlined below if parking fees were deducted after the effective date of a cancellation or change.

**PARKING ADJUSTMENT NOTICE**

The State Controller is hereby authorized to refund the parking payroll deduction for the below named employee.

(PRINT OR TYPE BELOW)

**EMPLOYEE IDENTIFICATION**

Social Security Number <b>A</b>	Initials <b>B</b>	Last Name <b>C</b>
------------------------------------	----------------------	-----------------------

**REFUND INFORMATION**

Deduction Code	Organization Code	Deduction Amount	Pay Period Month      Year
360	<b>D</b>	<b>E</b>	<b>F</b> / <b>G</b>
360			/
360			/
360			/
360			/

**FORM COMPLETION INFORMATION**

Completed By <b>H</b>	Phone Number (    ) <b>I</b>	Company/Department Name <b>J</b>
--------------------------	---------------------------------	-------------------------------------

**K****L**

DATE

SIGNATURE OF AUTHORIZED COMPANY OR DEPARTMENT OFFICIAL

**A. Social Security Number**

Enter the employee's Social Security Number.

**B. Initials**

Enter the employee's first and middle initials.

**C. Last Name**

Enter the employee's full last name.

**D. Organization Code**

Enter your assigned three (3) digit Organization Code number.

**E. Deduction Amount**

Enter the total monthly amount that is to be refunded to the employee.

**F. Pay Period – Month**

Enter the numerical month of the pay period to be refunded (e.g. '06' for June)

**G. Pay Period – Year**

Enter the last two digits of the year (e.g. "00" for 2000).

**H. Completed By**

Enter the name of the person completing the form.

**I. Phone Number**

Enter the area code and telephone number.

**J. Company/Department Name**

Enter the deduction client name as recorded with SCO.

**K. Date**

Enter the date the form was completed.

**L. Signature of Authorized Company or Department Official**

Must be the original signature of the person authorized to sign Form CD88.

Mail to: State Controller's Office  
Personnel/Payroll Services Division  
Attn: Miscellaneous Deductions Unit  
P. O. Box 942850  
Sacramento, CA 94250-5878



SAMPLE LTD ELIGIBILITY NOTICE

State of California

M E M O R A N D U M

To: (Your Employee)

Date: (Issue Date)

From: (Your Department Personnel Office)

Subject: Long Term Disability Insurance  
60-Day Enrollment Eligibility Notice

Eligibility Begins: \_\_\_\_\_ Eligibility Expires: \_\_\_\_\_

According to our records, you have recently been appointed as a nonrepresented employee who is eligible to enroll in Long Term Disability (LTD) Insurance. Your 60-day enrollment eligibility period is stated above.

IMPORTANT - LONG TERM DISABILITY INFORMATION

LTD is a voluntary program which provides a percentage of income after the first six months of disability. Premiums are paid by the employee through payroll deduction. ONLY NONREPRESENTED, PERMANENT EMPLOYEES WITH A TIME BASE OF ONE HALF TIME OR MORE MAY ENROLL IN THE PROGRAM. You must be active and eligible on the effective date for enrollment to be valid.

Please review the attached "Group Long Term Disability Plan Employee Enrollment and Information Package."

If you wish to enroll, you may obtain a LTD enrollment authorization form (GR-11513-5) from \_\_\_\_\_ at \_\_\_\_\_. The enrollment form must be completed and returned to \_\_\_\_\_ by the expiration date stated above.

Attachment